

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p style="font-size: 2em; margin: 0;">H</p> <p style="margin: 0;"><b>CLAIMS ONLY</b></p> </div> <div style="text-align: right;"> <p>Application Number <span style="font-size: 1.5em;">09/543628</span></p> <p>Filing Date</p> </div> </div>						
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p>Applicant(s)</p> </div> <div style="text-align: right;"> <p>* May be used for additional claims or amendments</p> </div> </div>						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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39						
40	1					
41		1				
42						
43						
44		1				
45						
46		1				
47						
48		1				
49	1					
50		1				
Total Indep	1					
Total Depend		1		1		1
Total Claims						

  

51						
52						
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56		2				
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99						
100						
Total Indep						
Total Depend		2				
Total Claims						